

Florida's Laws and Rules for Nursing

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Purpose

The purpose of this course is to provide the Licensed Practical Nurse, Registered Nurse, Clinical Nurse Specialist, and Advanced Registered Nurse Practitioners with knowledge of Florida's laws and rules that apply to the profession of nursing.

Goals

Upon completion of this course, the healthcare providers should be able to:

- Describe the legislative purpose for the Nurse Practice Act.
- Discuss ownership of patient records.
- Verbalize specific laws and rules related to the practice of nursing and nursing assisting.
- Identify the pertinent levels of nursing practice in the State and the general scope of practice of each.
- Differentiate between ethical and legal practice.
- Discuss the process for discipline related to nursing practice.
- Describe the Intervention Program for Nurses (IPN)
- Discuss the general requirements for continuing licensure in the State.
- Create a professional plan for career maintenance and development within the limits of the law.

Introduction

The laws and rules that are applicable to the practice of nursing in Florida include Title XXXII Regulation of Professions and Occupations, Chapters 456 and 464 of Florida Statutes as well as Division 64B9 of the Florida Administrative Code.

Chapter 456 outlines the general provisions of health professions and occupations and applies to physicians as well as nurses. It provides the

regulations that are the basis for provisions of the Nurse Practice Act.

Chapter 464, Part 1, includes the Nurse Practice Act, which applies to professional registered nurses, advance practice nurses, and licensed practical nurses. The purpose of the Nurse Practice Act is to ensure that nurses meet minimum standards for safe practice. According to [64B9-8.006](#), "The legislature created the Board to assure protection of the public from nurses who do not meet minimum requirements for safe practice or who pose a danger to the public."

The Nurse Practice Act outlines the purpose of the Board of Nursing and its authority to make rules, provide licensure, and conduct disciplinary actions. The Board of Nursing sets standards for nursing education programs and provides approval of programs. Part II of Chapter 464 applies to certified nursing assistants.

Division 64B9 of Florida regulations under the Florida Administrative Code outlines specific rules that apply to nurses and provides for implementation of the Florida Statutes, Chapters 456 and 464.

Ownership and control of patient records

Any healthcare provider who generates, receives, or maintains patient health records must maintain the patient's confidentiality, and the healthcare provider must provide copies of the records upon patient request but may not provide the records to others without written authorization of the patient or legal authorization (such as per subpoena) ([456.057](#)).

Nurses who terminate practice or relocate must notify each client or patient with published notifications at least 4 times over 4 weeks so that they can obtain their records. If unable to contact patients, then the records must be maintained for at least 2 years ([64B9-11.002](#)).

Records should be retained for at least 2 years after a practitioner's death ([456.058](#)). Title [64B9-11.001](#) outlines the specific actions that executors or other responsible persons must take in publishing (within 1 month) a notice to patients that they can obtain their records followed at 22 months by 4 weekly notices that the records will be destroyed if unclaimed.

Nurse Practice Act and 64B-9 and Chapter 456

Definitions/ Titles and abbreviations

Section [464.003](#) contains an extensive list of definitions, and [64B9](#) lists

titles and abbreviations, with many entries essentially the same. Only those who have met specific qualifications for each category of nursing and are appropriately licensed may use the titles and abbreviations described below. Important definitions, titles, and abbreviations include:

- **Advanced or specialized nursing practice:** The nurse has completed postbasic specialized education, training, and experience for advanced-level nursing acts and may perform “acts of medical diagnosis and treatment, prescription, and operation” approved by a committee appointed by the Board of Nursing.
- **Advanced registered nurse practitioner (ARNP):** Includes certified registered nurse anesthetists, certified nurse midwives, and nurse practitioners.
- **Graduate nurse (GN):** Refers to graduates of approved nursing programs who are awaiting results of the first licensure examination for which they are eligible. GNs may practice under the direct supervision of an RN if they have graduated from an approved program within 6 months and have been authorized to practice as a GN by receiving an authorization letter from the Board of nursing.
- **Clinical nurse specialist (CNS):** Includes those licensed to practice professional nursing and certified in clinical nurse specialist practice. Practice includes assessing, diagnosis, planning “health promotion, disease prevention, and therapeutic intervention in collaboration with the patient or client,” implementing therapeutic interventions, and coordinating health care.
- **Clinical preceptor:** A nurse employed by a training facility to serve as a role model and resource for students.

- **Licensed practical nurse (LPN):** Nurse licensed to practice practical nursing. (Corresponds to licensed vocational nurses in some states.)
- **Registered nurse (RN):** Person licensed to practice professional nursing in Florida.
- **Nursing treatment:** "Establishment and implementation of a nursing regimen for the care and comfort of individuals, the prevention of illness, and the education, restoration, and maintenance of health." (464.003)
- **Department:** Refers to the Florida Department of Health.
- **Board:** Refers to the Florida Board of Nursing.
- **NCSBN:** Refers to the National Council of State Boards of Nursing, Incorporated.
- **NCLEX:** Refers to the National Council Licensure Examination.
- **NCLEX-CAT:** Refers to the National Council Licensure Examination – Computer Adaptive Testing.
- **Direct supervision:** The physical presence within the patient care unit of a registered professional nurse who assumes legal responsibility for the nursing practice of student nurses or graduate nurses or graduate practical nurses.
- **Biennial/Biennium:** Refer to the twenty-four month licensure cycle.

Board of nursing

The Board of Nursing comprises 13 members, including 7 state-resident registered nurses who have been engaged in the practice of professional nursing for at least 4 years and including one nurse educator from an approved program and one nurse executive. Three board members are licensed practical nurses who have been actively engaged in the practice of practical nursing for at least 4 years.

The last 3 members are state residents who are not licensed as nursing and are not connected with or have financial interest in the practice of nursing. One board member must be at least 60 years old.

Terms are for 4 years, and the board headquarters is in Tallahassee ([464.004-.005](tel:464.004.005)).

Required information for licensure

According to [Chapter 456](#), designated health care

professionals and advanced registered nurse practitioners applying for initial licensure and renewal may be required to furnish the following information to the Department of Health:

- Name and dates of school or training program and a description of graduate professional education.
- Name of practice.
- Address of practice.
- Certifications or specialty designations.
- Year of initial certification and practice.
- Current appointment to faculty of school related to profession.
- Description of criminal offense to which the applicant was found guilty.
- Description of any final disciplinary action taken against the applicant within the previous 10 years, including from places of employment.

The department may refuse to issue a license to anyone who fails to submit all necessary information and may fine the licensee up to \$50 per day if the person fails to submit and update required information. Those applying for initial licensure must submit fingerprints ([456.039-.0391](tel:456.039.0391)).

Licensure by examination

Persons wanting licenses as registered nurses or licensed practical nurses must apply to take the appropriate

examination, pay application fee, and must have submitted information for a statewide criminal records check, including fingerprints through LiveScan. Requirements include:

- High school graduate or equivalent in good mental and physical health.
- Completed requirement for graduation from an approved program or a prelicensure nursing education program the board determined is equivalent to an approved program, graduated on or after July 1, 2009 from an accredited program or graduated before July 1, 2009, from a prelicensure nursing education program whose graduates were eligible at that time for examination.

- Courses completed in an professional nursing education that are at least equivalent to education requirement for a licensed practical nurse may satisfy LPN requirements.
- Ability to communicate in English (may be determined by examination).

Meeting the requirements and passing the examination entitles a person to licensure. Those who fail the examination 3 consecutive times are required to take a board-approved course before being approved to retake the examination and may take the examination up to 3 times before being required to retake the remedial course.

The applicant must apply for reexamination within 6 months after completing the remedial course ([464.008](#)). The applicant must submit a re-examination application with a retake fee and reapply with Pearson VUE (the testing vendor) and pay a non-refundable fee of \$200.00. The applicant must wait a minimum of 45 days between each examination.

According to [64B9-3.0025](#), **remedial courses** must include:

- A minimum of 80 hours didactic education and 96 hours clinical experience in a medical-surgical setting.
 - Content for professional nurse must include medical, surgical, obstetric, pediatric, geriatric and psychiatric nursing
 - Content of practical nurse must include medical, surgical, obstetric, pediatric and geriatric nursing.

Lack of US citizenship alone does not disqualify a person from practicing an occupation or profession regulated by the state. Any foreign-speaking Florida resident who has successfully completed or is currently enrolled in an approved course of study may take examination or re-examination for a license with the test administered in English unless 15 or more applicants request re-examination in their native language. These applicants must pay the costs of translating and administering the exam.

Additionally, "Each board within the department shall adopt and implement programs designed to qualify for examination all persons who were resident nationals of the Republic of Cuba and who, on July 1, 1977, were residents of this state" ([456.019-.021](#)).

Licensure by endorsement

The department will issue a license by endorsement to those who have completed “a state, regional, or national examination which is substantially equivalent to or more stringent than the examination given by the department, such as the NCLEX; or has actively practiced nursing in another state, jurisdiction, or territory of the United States for 2 of the preceding 3 years without having his or her license acted against by the licensing authority of any jurisdiction.”

Examinations and requirements taken since January 1, 1980 are presumed acceptable although the board may exclude states or territories if the board feels the tests are not equivalent or more stringent. Applicants must pass the criminal background check before a license is granted and must, within 6 months after receiving the license, complete the continuing education course related to Florida laws and rules.

Applicants must submit fingerprints through Livescan and pay processing costs: “The Department of Health shall submit the fingerprints . . . to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement will forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check of the applicant.” All applicants must complete a 2-hour course on Prevention of Medical Errors for initial licensure.

Canadian registered nurses who took the CNATS examination after August 8, 1995, must take the NCLEX exam unless licensed in another state or territory. Those who took CNATS before August 8, 1995, with scores in an acceptable range are not required to take the NCLEX exam. Canadian practical nurses must apply by examination unless licensed in another US state or territory.

An applicant who is licensed as a professional or practical nurse in another state or territory and who is relocating because of a **military-connected spouses** official military orders is considered to have met requirements for licensure by endorsement after passing the criminal background check and submitting the appropriate application and paying fees.

The department will not issue a license to an applicant who is under

investigation by other states, jurisdictions, or territories of the United States if the act would constitute a violation of Chapters 456 or 464 (464.009).

Note: Florida currently does not have a system of reciprocity in which a nurse may practice with a license from another US state or territory. According to Florida law, nurses at all levels must hold a Florida license to practice in the state.

Military and Military spouses

Once licensed, a member of the Armed Forces of the United States is maintained in good standing without paying any fees or performing any acts up until 6 months after discharge. Spouses are exempt from renewal provisions only if they are absent from the state because of their spouses' duties in the Armed Forces.

Temporary professional licenses are provided to the spouses of active duty members of the Armed Forces of the United States if they complete an application, provide proof of marriage to a member of the Armed Forces, provide proof of valid professional license from other state, Washington, D.C. or U.S. territory, proof that the military spouses are assigned to duty in Florida, and proof they are otherwise eligible for licensing. The applicant must provide fingerprints to the Department of Law Enforcement and pay all processing costs. The temporary license is good for 12 months and is not renewable.

Spouses are ineligible for the temporary permit if they have been convicted of a felony or misdemeanor related to the practice of the health care profession, have had a license revoked or suspended, have been reported to the National Practitioner Data Bank and have no successful appeal, and have previously failed the Florida licensing examination for which the applicant is now applying (456.023-456.024).

Certification of clinical nurse specialists and advanced registered nurse practitioners.

Clinical nurse specialists must apply to the department

for certification and submit proof of holding a current professional nursing license, a master's degree in a clinical nursing specialty and one of the following:

- Proof of current specialty certification from a nationally recognized certified body (determined by the board)
- Proof of master's degree in area in which no certification is now available and proof of 1000 hours of clinical experience in the area of specialty study, with 500 minimum hours of clinical practice after graduation. The applicant must submit an affidavit affirming hours of clinical experience. Falsification is grounds for disciplinary action ([464.0115](#)).

Advanced registered nurse practitioners

Advanced registered nurse practitioners must apply to the

department and submit proof of holding a current license to practice professional nursing and meeting one or more of the following:

- Satisfactory completion of a formal postbasic education program of at least one academic year to prepare nurses for advanced or specialized practice.
- Certification by the appropriate board, required for initial state certification and recertification for registered nurse anesthetist or nurse midwife. Provisional state certification may be granted to for a time period determined appropriate for preparing for and passing the national certification exam.
- Graduation with a master's degree in a nursing specialty area with preparation in specialized practitioner skills. Applicants graduating on or after October 1, 1998 must have a master's degree for initial certification as a nurse practitioner, and applicants graduating on or after October 1, 2001, must have a master's degree for initial certification as a nurse anesthetist.

An advanced registered nurse practitioner must file an established protocol with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol and must practice within the framework of that protocol.

According to [649B-4.010](#), "An Advanced Registered Nurse Practitioner shall only perform medical acts of diagnosis, treatment, and operation pursuant to a **protocol** between the ARNP and a Florida-licensed

medical doctor, osteopathic physician, or dentist. The degree and method of supervision, determined by the ARNP and the physician or dentist, shall be specifically identified in the written protocol and shall be appropriate for prudent health care providers under similar circumstances. General supervision by the physician or dentist is required unless these rules set a different level of supervision for a particular act. "

The written agreement related to the protocol must be signed by all parties and should include a description of duties of the ARNP and the supervising physician or dentist. The agreement should outline the management areas for which the ARNP is responsible, including:

- The conditions for which therapies may be initiated,
- The treatments that may be initiated by the ARNP, depending on patient condition and judgment of the ARNP,
- The drug therapies that the ARNP may prescribe, initiate, monitor, alter, or order.

The advanced registered nurse may carry out general functions and additional authorized functions within the nurse's specialty as well as:

- Monitor and alter drug therapies.
- Initiate appropriate therapies for certain conditions.

Certified registered nurse anesthetist may perform the following to the extent authorized by approved protocol:

1. Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.
2. Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
3. Order under the protocol preanesthetic medication.
4. Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis.
5. Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.
6. Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate

mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.

7. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
8. Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
9. Participate in management of the patient while in the postanesthesia recovery area, including ordering the administration of fluids and drugs.
10. Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.

Certified nurse midwife may perform the following to the extent authorized by approved protocol or by approval of physician backup for home deliveries:

1. Perform superficial minor surgical procedures.
2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
3. Order, initiate, and perform appropriate anesthetic procedures.
4. Perform postpartum examination.
5. Order appropriate medications.
6. Provide family-planning services and well-woman care.
7. Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.

NOTE: Nurses who have completed academic requirement for midwife and registered nurse anesthetist but have not yet been certified may apply for provisional state certification, which is valid for only 12 months ([64B9-4.0025](#)).

Nurse practitioner may perform the following within the framework of established protocol:

1. Manage selected medical problems.
2. Order physical and occupational therapy.
3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
4. Monitor and manage patients with stable chronic diseases.
5. Establish behavioral problems and diagnosis and make treatment recommendations.

NOTE: All ARNP's shall carry malpractice insurance or demonstrate proof of financial responsibility. Options include "professional liability coverage of at least \$100,000 per claim with a minimum annual

aggregate of at least \$300,000 from an authorized insurer” or “an unexpired irrevocable letter of credit. . . , which is in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the ARNP as beneficiary (64B9-4.002).

[Title 64B9-4](#) provides the rules and guidelines for **certification for APRNs**: Requirements for certification includes certification by professional or national nursing specialty boards recognized by the Board, which include but are not limited to:

- Council on Certification of Nurse Anesthetists, or Council on Recertification of Nurse Anesthetists, or their predecessors.
- American College of Nurse Midwives.
- American Nurses Association (American Nurses Credentialing Center) Nurse Practitioner level examinations only.
- National Certification Corporation for OB/GYN, Neonatal Nursing Specialties (nurse practitioner level examination only).
- National Board of Pediatric Nurse Practitioners and Associates (Pediatric Nurse Associate/Practitioner level examinations only).

Registered nurse first assistant

[Chapter 464.027](#) describes the use of registered nurse first assistants at surgery. A registered nurse first assistant must:

- Be licensed as a registered nurse.
- Received a certificate from a recognized program that addresses all content of the Association of Operating Room Nurses, Inc. Core Curriculum for the Registered Nurse First Assistant and includes 1 academic year, defined as 45 hours of didactic instruction and 120 hours of clinical internship or its equivalent of 2 college semesters,
- Be certified in perioperative nursing.

Retired volunteer nurse certificate

According to [Chapter 456](#), retired professionals may apply for a limited license when permitted but may use the license only “in the employ of public

agencies or institutions or nonprofit agencies or institutions (meeting requirement 501(c) (3) of the Internal Revenue Code), which provide liability coverage, to serve the “indigent, underserved, or critical need populations” (456.014-.015).

According to [chapter 464](#), this limited license that applies to nursing is the **retired volunteer nurse certificate**, which is valid for 2-year periods. The nurse must complete an application and submit verification that he or she “had been licensed to practice nursing in any jurisdiction in the United States for at least 10 years, had retired or plans to retire, intends to practice nursing only pursuant to the limitations provided by the retired volunteer nurse certificate, and has not committed any act that would constitute a violation.” Once licensed, the licensee must work under the director of a county health department, an appropriately licensed physician, advanced registered nurse practitioner, or a registered nurse ([464.0205](#)).

Inactive license

A licensee may apply to the Department to have his or her license placed on inactive status. The inactive license must be renewed biennially during the biennium renewal period. An inactive license may be reactivated if the person has no violation that would prohibit licensure, pays the appropriate fees, and shows proof of completing CE requirements.

Nursing refresher course: “If a license has been inactive for more than two consecutive biennial licensure cycles, and the licensee has not been practicing nursing in any jurisdiction for the two years immediately preceding the application for reactivation, the applicant for reactivation will be required to complete a nursing refresher course with clinical component appropriate to the licensure level of the licensee. The refresher course must be given at a Board-approved program, and must include at least 60 hours of classroom instruction and 96 hours of clinical experience in medical/surgical nursing and any specialty area of practice of the licensee” ([649B-6.003](#)).

Exceptions

- None of the requirements listed in the sections above prohibit:
- Caring for family and friends without compensation.
 - Assisting others in cases of emergency.
 - Practicing nursing for up to 60 days if currently licensed in another state or territory while completing applications and licensure and up to 120 days if relocating because of a military-

connected spouse's official military orders or for up to 30 consecutive days if accompanying a patient from another state.

Licensing/Examination fees per 64B9-7

The Florida Board of Nursing has decreed the following fees:

- RN and LPN: Application for examination is \$90.
- RN and LPN: Application for endorsement is \$90.
- RN and LPN: Initial license is \$80.
- ARNP certification is \$100.
- ARNP registration as dispensing practitioner is \$100.
- RN and LPN: License renewal is \$80.
- Dual RN/ARNP: License renewal is \$130.
- All LPNs, RNs, and dual RN/ARNP: Student Loan Trust Fund Fee upon initial licensure and renewal is \$5.00.
- RN and LPN: Application to change from active to inactive status or *vice versa* or reactivation or change of status of an inactive or delinquent license is \$55.
- Dual RN/ARNP: Application to change from active to inactive status or *vice versa* or reactivation or change of status of an inactive or delinquent license is \$75.
- All: Delinquency fee when applying for inactive status or reactivation is \$55.
- All: Inactive status biennial renewal fee is \$55.
- All: Duplicate license fee for lost or destroyed license is \$25.

Legal and ethical practice

Nurses are responsible for both legal and ethical practice. Legal practice indicates that the nurse has complied

with all legal requirements, including educational preparation, licensure, and avoidance of criminal actions, such as falsification of records or patient abuse.

However, ethical practice is broader and includes not only the need for legal practice but also the need to adhere to appropriate standards of conduct and to exercise moral judgment. The nurse must respect the patient's right to confidentiality and self-determination and must render care that is in the best interests of the patient. The nurse has an ethical responsibility to provide competent care and to report incompetent or impaired care.

The provisions of the **ANA Code of Ethics** outline ethical responsibilities of the nurse:

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual during practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national and international efforts to meet health needs.
9. The profession of nursing value, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Violations, penalties, disciplinary action

Chapters 456 and 464

outline violations, penalties, and disciplinary actions. **Sexual misconduct** in the practice of a health care profession is prohibited and those who have engaged in such misconduct in any state, territory or possession of the United States shall be refused licensure. Additionally, all licensed health care practitioners are obligated to report sexual misconduct to the department ([456.063](#), [464.017](#)).

Health care fraud is prohibited and the board or department may refuse licensure to those convicted or pleading *nolo contendere* to health care fraud unless a person has successfully completed a drug court program for the felony and the plea has been withdrawn or the charges dismissed. This section outlines various criminal violations and restrictions that apply to licensure. Healthcare practitioners are obligated to report health care fraud ([456.0635](#)).

Health care providers are prohibited from **unlicensed practice** and may be issued cease and desist notices to the practitioner and anyone who aids and abets unlicensed practice. The department may assign penalty up to \$5,000 per incident with each day of violation constituting a separate event. Additionally, the department may recover costs. Unlicensed practice is a third-degree felony in Florida.

Unlicensed practice includes practice without an active license or practice with a suspended, revoked, or void license but not an inactive or delinquent license for up to 12 months. It is a second-degree felony if serious bodily injury results from unlicensed practice. It is a first-degree misdemeanor to practice with an inactive or delinquent license for up to 12 months, but for more than 12 months, it is a third-degree felony ([456.065](#)). Criminal violations will be reported to the appropriate prosecuting authority ([456.066](#)). It is a third-degree felony to give false information when applying for a license to practice ([456.067](#)).

The department has established a toll-free number for reporting complaints relating to medical treatment or services provided by health care practitioners: **(888) 419-3456** ([456.068](#)).

Being found guilty of the following offenses is grounds for denial of license or disciplinary action:

- Theft and robbery.
- Fraudulent practices.
- Lewdness, indecent exposure.
- Assault, batter, and culpable negligence.
- Child abuse, abandonment, and neglect
- Abuse, neglect, and exploitation.
- Domestic violence (found guilty or entering plea of *nolo contendere*).
- Making or filing a false report or record.
- False, misleading, or deceptive advertising.
- Unprofessional conduct: Inaccurate reporting, misappropriation of supplies or equipment, leaving a nursing assignment without

- advising other licensed nursing personnel, practicing with a delinquent nursing license (not to exceed 90 days), or acts of negligence.
- Unauthorized possession, sale, or distribution of controlled substances.
 - Inability to practice because of illness reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition. Disciplinary action may also be taken against other licensees who fail to report this violation to the department or Board of Nursing unless the impaired licensee is actively participating in a board-approved program for the treatment of a physical or mental condition. In that case, those with knowledge of the impairment are required to report the impairment only to the impaired licensees consultant.
 - Failure to report a licensee who has violated grounds for disciplinary action.
 - Failing to meet minimal standards of care.

The Board of Nursing will not reinstate or issue a license to a person found to be unqualified until satisfied the person can safely practice nursing. Additionally, "the board shall not reinstate the license of a nurse who has been found guilty by the board on three separate occasions of violations of this part relating to the use of drugs or narcotics, which offenses involved the diversion of drugs or narcotics from patients to personal use or sale" (464.018).

The Board of Nursing has established three **probable cause panels** with one designated for North Florida, one for Central Florida, and one for South Florida. The panel may consider and recommend rules concerning disciplinary actions, procedures, and penalties to the full Board. The probable cause panels determine if a case warrants action. Duties include:

- Suggest penalties for inclusion in any stipulations between the Department and the licensee, based on the material submitted by the Department, the Board's past treatment of similar cases, and the Board's disciplinary guidelines. All stipulations and terms shall be subject to approval or rejection by the full Board.
- Receive interim reports from the probation supervisor to consider referring potential problem probationers to the full Board or for further investigation and a probable cause

determination.

Citations: The Board may issue a citation in lieu of disciplinary action within 6 months of filing a complaint, which includes the requirement that the respondent correct the violation within a certain time period to remedy the offense. Offenses that may result in citations and \$100 fine and are generally classified as “minor violations” include false, deceptive, or misleading advertising (as long as there was no criminal charge), payment with worthless bank check, improper use of nursing title (as long as there was no criminal charge), failure to report address change. Other actions resulting in a \$100 fine include failure to pay Board fines, failure to properly complete continuing education courses or document completion on time but completed by the time the citation issued, and unprofessional conduct.

The offense that results in a citation and \$250 fine is failure to complete required continuing education courses within the biennium. The offense that results in a \$1500 fine is “Providing to another individual a confidential password, access code, keys, or other entry mechanisms, which results in a violation of, or threatens, the integrity of a medication administration system or an information technology system. In addition to the fine, the licensee will be required to complete a 2-hour continuing education course in legal aspects of nursing within 60 days of the issuance of the citation. [\(64B9-8.003\)](#).

The Board has the power to enforce suspensions, restrictions of practice, and conditions of probation. [Division 64B9-8.006 \(Disciplinary Guidelines\)](#) outlines a range of offenses and guidelines for the minimum and maximum penalties for first, second, and (in some cases) third offenses. The following is a typical example of a guideline:

OFFENSE: Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of nursing or to the ability to practice nursing ([Section 456.072\(1\)\(c\) or 464.018\(1\)\(c\), F.S.](#)):

- **First offense:** Minimum—\$250 fine. Maximum—denial of licensure or \$500 fine and suspension to be followed by a term of probation.
- **Second offense:** Minimum--\$500 fine and probation. Maximum—denial of licensure or \$1,000 fine and revocation.

In licensure and disciplinary matters involving impairment, the

applicant or licensee may be referred to the Intervention Project for Nurses (IPN) in addition to the imposition of the above-outlined disciplinary action.

Additionally, the Board has the right to deviate from the guidelines “upon a showing of aggravating or mitigating circumstances by clear and convincing evidence,” such as danger to the public, efforts at rehabilitation, cost of treatment, and financial hardship.” Unless otherwise indicated, fines must be paid within 60 days.

Intervention Project for Nurses (IPN)

IPN is authorized by [chapters 464](#) and [456](#) to assist nurses whose practice is affected because of the use, misuse, or abuse of alcohol or drugs or a mental and/or physical condition. This program is an alternative to disciplinary action and provides close monitoring of nurses who are unsafe to practice in order to ensure public health and safety. IPN provides an early intervention program and confidential process for rehabilitation.

Nurses are required to immediately withdraw from practice during evaluation and treatment and may return to work only when authorized by IPN, based on recommendations from approved treatment providers. IPN assists the nurse to obtain appropriate treatment and provides ongoing support.

IPN does not directly provide evaluation and treatment but refers the nurse to board-approved therapists located throughout the state. While IPN does not charge for its services, the nurse must pay costs for evaluation and treatment as well as laboratory costs if required to submit to random drug testing.

Under the **Mandatory Reporting Law**, all licensed nurses are required to report any suspected impairment to the IPN or the Department of Health. If the impaired nurse is reported by self or others only to the IPN and agrees to participate in IPN and successfully completes the program, the treatment is held in confidence and not reported to the Department of Health, so no disciplinary action is taken.

If, however, the nurse is reported only to the IPN but does NOT agree to participate or does not successfully complete the program, then information about the impairment is forwarded to the Department of

Health, which may then take disciplinary action. If the impaired nurse is reported directly to the Department of Health, it will institute disciplinary proceedings.

If the nurse is involved in disciplinary action and participates in IPN, an IPN representative can assist the nurse and can report to the Florida Board of Nursing that the nurse is engaged in the recovery process.

The IPN website <http://www.ipnfl.org> provides useful information for employees as well as other nurses to help them to recognize the signs of chemical dependency and drug diversion and provides lists of intervention "Do's and Don'ts." IPN stresses the importance of documenting any indications of impairment, including the date, time, place and situation prior to initiating action in accordance with policies and procedures established by the facility.

IPN provides the **Compliance Monitoring Solution** to ensure that impaired nurses comply with check-in and monitoring requirements. Nurses may check in online or by phone daily between 4 am and 2 pm, EST.

NOTE: "The Board of Nursing strongly urges all licensees under its jurisdiction who are involved in invasive procedures to undergo testing to determine their HIV status. In the event a licensee tests positive, the licensee should enter and comply with the requirements of the Intervention Project for Nurses" (64B9-9.002).

Continuing education

Licensed Practical Nurses, Registered Nurses, Clinical Nurse Specialists and

Advanced Registered Nurse Practitioners are required to complete 24 hours of appropriate CE during each renewal period, including:

- **Two (2) hours relating to prevention of medical errors**, required for initial licensure and for biennial renewal.
- In addition to these 24 hours of general CE, every third renewal two **(2) hours of domestic violence** CE must be completed for a total of 26 hours.
- Beginning with the biennium ending in 2015, each nursing licensee must complete a new requirement for **two (2) hours of Florida Laws and Rules**. This course is included in the 24-hour requirement.
- **NOTE:** Requirements for CE courses in End-of-Life care and HIV/AIDS have been repealed.

Employers may require completion of specific continuing education courses to meet the needs of the workplace practice of nursing.

Each licensed nurse who serves as a volunteer expert witness in providing written expert witness opinions citing references of current, prevailing practice and relevant standards of practice for cases being reviewed pursuant to Chapter 464, F.S., shall receive 2.5 hours of continuing education credit per case for performing a literature survey of at least two articles in conjunction with the review of cases for the Agency, probable cause panel, or Board ([64B9-5.007](#)).

Nurses should retain certificates received after completing CE courses for 4 years. The Department of Health, Division of Medical Quality Assurance (MQA), now has an electronic tracking system in place. When a nurse renews online, the tracking system reviews the nurse's record and verifies that continuing education requirements have been met. Those who are up-to-date are able to renew the license without interruption. Florida board-approved providers of CE courses will report course completion electronically to the system, but non-board approved providers may not.

The system is being implemented in two phases: the optional reporting cycle and the mandatory reporting cycle. In the first phase, if the system does not have a record of completion of requirements, then the healthcare practitioner will be prompted to report hours and directed where to report and will not be prevented from renewing the license. During the second phase (dates vary according to profession) continuing education courses must be reported to proceed with licensing. It's important to note that board-approved providers have up to 90 days to report ([64B-5.002](#)).

According to [64B9-5.003](#), standards for continuing education, should consist of content from one or more of the following:

- Nursing practice areas and special health care problems.
- Biological, physical, behavioral and social sciences.
- Legal aspects of health care.
- Management/administration of health care personnel and patient care.
- Teaching/learning process of health care personnel and patients.
- Subjects which are taken at an accredited educational institution as verified by an official transcript, that meet any one of the criteria in paragraphs 64B9-5.003(2)(a)-(e), F.A.C., and are advanced beyond that completed for original licensure

- may be approved for continuing education under this rule.
- Personal development subject matter must include application of content as it relates to improved patient care.

Self-directed learning experiences, including but not limited to home study, computer programs, internet or web-based courses, are required to evaluate learner knowledge at the completion of the learning experience. The evaluation must include a minimum of 10 questions. The learner must achieve a minimum score of 70% on the evaluation to receive the contact hours. The evaluation must be graded by the provider.

A registered nurse who also holds a current license as a licensed practical nurse may satisfy the continuing education requirement for renewal of both licenses by completing appropriate continuing education for a registered nurse. A registered nurse who also holds a current ARNP certificate may satisfy the continuing education requirement for both licenses by completing appropriate continuing education for a registered nurse, or may satisfy up to 50% of the continuing education requirement by completing continuing medical education coursework equivalent to the contact hours required by these rules.

A licensee is exempt from continuing education requirements at the time of renewal if the licensee was on active duty with the Armed Forces within 6 months of the renewal date. However, this exemption will not arise on the basis of the performance of short periods of active duty (such as summer or weekend drills) by a member of the Armed Forces Reserves. Duty in the United States Public Health Service is not considered duty in the Armed Forces.

A nurse who is the spouse of a member of the Armed Forces and was caused to be absent from Florida due to the spouse's duties with the Armed Forces shall be exempt from continuing education requirements. The licensee must show satisfactory proof of the absence and the spouse's military status.

IV therapy by LPNs

LPNs with appropriate training and education are permitted to "engage in the limited administration of intravenous therapy" as delegated by a registered professional nurse. [64B9-12](#) outlines in detail the required components of IV therapy education (30 hours) to ensure that the LPN understands legal ramifications, patient preparation, IV sites and procedures,

equipment, procedures, complications, formulas, methods of drug administration, and principles of infection control. The LPN **may not** do the following:

- Initiate blood or blood products.
- Initiate or administer cancer chemotherapy.
- Initiate plasma expanders.
- Initiate or administer investigational drugs.
- Mix IV solutions.
- Do IV push (except for heparin and saline flushes)

The LPN **may** do the following within the LPN scope of practice:

- Perform calculation and adjust flow rate.
- Observe and report subjective and objective signs of adverse reactions to IV administration.
- Inspect insertion site, change dressing, and remove intravenous needle or catheter from peripheral veins.
- Hang bags or bottles of hydrating fluid.

LPNs who perform **IV therapy per central lines** must complete at least 4 hours of instruction regarding central lines, but the 4 hours may be part of the total of 30 hours required.

Delegation

According to [64B9-14](#), delegation involves transferring authority to a competent unlicensed assistive personnel (UAP) “to perform a selected task or activity in a selected situation by a nurse qualified by licensure and experience to perform the task or activity.” The nurse should keep in mind the 5 rights of delegation: right task, right circumstance, right person, right direction, and right supervision. The delegator must provide appropriate supervision (guidance and periodic inspection). Supervision may be direct (delegator on the premises but not necessarily physically present where the tasks are being performed) or indirect (not on the premises but available by two-way communication to answer questions and provide consultation).

When delegating, the delegator must weigh potential for patient harm, complexity of task, predictability or unpredictability of outcome, interactions needed, and resources and personnel available. The delegator must also consider the UAP’s normal assignments, education, and training.

The process of delegation must include “communication to the UAP which identifies the task or activity, the expected or desired outcome,

the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate's understanding of assignment, verification of monitoring and supervision."

The registered nurse or licensed practical nurse **MAY NOT** delegate the following to unlicensed assistive personnel (UAP):

- Activities outside the delegating nurse's scope of practice.
- Nursing activities that include the use of the nursing process and require the special knowledge, nursing judgment or skills of a registered or practical nurse, including:
 - Initial and subsequent nursing assessments.
 - Determination of the nursing diagnosis or interpretations of nursing assessments;
 - Establishment of the nursing care goals and development of the plan of care; and
 - Evaluation of progress in relationship to the plan of care.
- Those activities for which the UAP has not demonstrated competence.

Certified Nursing Assistants

[Chapter 64B9-15](#) covers those laws and rules that apply to certified nursing assistants (CNAs), including duties, which include tasks associated with personal care, maintaining mobility, nutrition and hydration, elimination, use of assistive devices, maintaining environment and resident safety, data gathering, reporting of abnormal findings, post-mortem care, resident socialization and leisure, reality orientation, end-of-life care, basic first aid, CPR, compliance with patient's rights, and documentation.

The CNA must work under the supervision of a registered nurse or practical nurse and is precluded from performing tasks that require specialized nursing knowledge, judgment, or skills. The CNA must pass the certification examination and demonstrate the ability to read and write. The Board of Nursing establishes standards for CNA training programs and is authorized to carry out disciplinary actions, which can include fines, suspensions, probation, and revocation or denial of certification.

Conclusion

It is the nurse's responsibility to maintain licensure and to carry out nursing duties within the individual's scope of practice in keeping with legal and ethical guidelines. All

nurses should consider the need to maintain qualifications and to advance within their professions through continuing education, independent study, advanced educational programs, and certification.

Nurses must make sure to comply with continuing education requirements in a timely manner so that no violation occurs and renewal of licensure is not delayed. Nursing is a dynamic profession with changing needs that require continual reappraisal of skills and ongoing education.

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